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					Rebecca Tremonti (Depositor's name)						
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					31 January 2008 (Date)						
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN			TOR ATTORNEY DOCKET NO.			CONFIRMATION NO.		
09/941,960	1,960 08/28/2001		David J. Fischer			020431.0738			7734		
TITLE OF INVENTION:	VALUE CHAIN MAN	AGEMEN	VT	,		-					
APPLN. TYPE	SMALL ENTITY	ISSUE	FEE DUE	PUBLICATION FEE I	DUE	PREV. PAID ISSUE	FEE	TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	NO	\$	51440	\$0		. \$0		\$1440	01/31/2008		
EXAMINER		AR	T UNIT	CLASS-SUBCLAS	S						
JEANTY, ROMAIN			3623	705-007000							
 Change of correspondence address or indication of "Fee Address" (3. CFR 1.363). □ Change of correspondence address (or Change of Correspondenc Address form PTO/SB/122) attached. □ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) 12 Technologies US, Inc. Dallas, Texas											
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖾 Corporation or other private group entity 🚨 Government											
4a. The following fee(s) are submitted: ☐ Issue Fee ☐ Publication Fee (No small entity discount permitted) ☐ Advance Order - # of Copies				 b. Payment of Fec(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 500777 (enclose an extra copy of this form). 							
5. Change in Entity Stat	tus (from status indicates SMALL ENTITY state		CED 1 27	Dh. Applicant is n	o long	rer claiming SMAI	I ENI	ΓΙΤΥ status. See 37 CF	TR 1.27(a)(2)		
* *	d Publication Fee (if req	uired) will	not be accepte	d from anyone other t		·			e assignee or other party in		
Authorized Signature	/Steven 3	J. La	ureanti	./		Date	31 ,	January 200	08		
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